Primary Care 3 Year Curriculum (PC 3)
Cooper Medical School of Rowan University School
Annette C. Reboli, MD, Camille Henry, MD, Lawrence Weisberg, MD, William Graessle, MD • Project Team

Program Overview
Cooper Medical School of Rowan University’s 3-Year Accelerated Program (PC 3) is part of a Primary Care Training Enhancement (PCTE) project – an initiative designed to change primary care education and training; while also providing clear career direction with less student debt.

PC3 Coursework spans 3 years including 2 summers and is divided into two phases: “Foundation and Integration” (Phase I) and “Application, Exploration, and Advancement (Phase 2).

M1 Students
- Course work starts with “Introduction to Basic Clinical Skills”
M2 Students
- Begin with “Transforming Healthcare in an Urban Environment”
M3 Students
- Focus on a hybrid longitudinal integrated clerkship culminating in a sub-internships

M1 – M3, PC3 students are assigned:
- A patient-centered medical home practice, throughout their 3 yrs. of medical school and 3 yrs. of residency training

After graduation:
- Primary care residency training at Cooper University Health Care is offered based on the track students follow, pediatrics or internal medicine

Costs and Financial Aid
- 1.7 million dollar HRSA grant funded program
- Saves students about 25% of the cost for medical school by eliminating the 4th year plus audition electives, and interviews

Student Support
• Special prep for Step 2
• Special mentorship/Enrichment

Introduction

M1 – Course:
Introduction to Basic Clinical Skills

- 5 Week Summer Course meets daily July – Aug
  - Week 1 – Essentials of Communication
  - Week 2 – Cardiovascular/Pulmonary
  - Week 3 – HEENT
  - Week 4 – Gastrointestinal/Genitourinary
  - Week 5 – Neuro/Psych/ Musculoskeletal/Skin

Weekly Assessment: Formative verbal feedback, quizzes and mini-OSCE.

M2 – Course:
Transforming Healthcare in An Urban Environment

This course meets 5 weeks starting mid June – July.

M2 students gain fundamental knowledge and experience delivering healthcare in urban communities.

- Week 1 – Orientation to Course/Camden Community
- Weeks 2-4 – Experiential learning at an urban Accountable Care Organization
- Week 5 – Analyze patient survey data with Coalition Data team, summative mini-OSCE, self-directed learning and work on final paper.

M1-M3 – Course:
Patient-Centered Medical Home (PCMH)

- Patient-centered care
- Coordinated/integrated care
- Inter-professional practice
- Emphasis on quality and safety
- Enhanced access to care
- Emphasis on patient self-management
- Robust technological infrastructure

M1-M3 – Course:
Opioid and Other Substance Abuse Disorders

Longitudinal curriculum begins at matriculation.

- Pain physiology/pain management
- Opioid prescription/use assessment
- Opioid addiction
- Medication Assisted Treatment (MAT)
- CDC guidelines for Opioid abuse

Learning formats:
Lectures, active learning groups and journal club

Program Status & Accomplishments

- In 2015, CMSRU was awarded a $1.75 million grant from Health Resources and Services Administration (HRSA) for its PCTE. The principal goal of the project was to develop and launch the three-year accelerated program.
- This year, CMSRU also received supplementary funding from HRSA for the development of an opioid/addiction curriculum, which will be provided to the students in both the accelerated and regular MD-programs.
- July 2017, CMSRU welcomed the second cohort of students into its three-year accelerated program.
- Currently seven students are enrolled in PC3 and an additional first year student will likely join at the end of the academic year. Ultimately there will be four students per class (M1-M3), and in each track: two internal medicine and two in pediatrics.

Advice for Other Institutions

- Provide easy transition into or out of the three year accelerated program
- Implement faculty training across disciplines to align with core curriculum needs
- Provide tiered mentorship
- Offer a comprehensive academic support program structure to help identify possible student academic interventions
- Identify the gaps in your academic support efforts
- Include personal, academic and enrichment activities as into the curriculum as part of a healthy work/life balance to prevent burnout

Program Contact
Program Director: Camille Henry, MD
Grant PI – Annette C. Reboli, MD
Interim Dean
Phone: (856) 361-2800 | Email: reboli@rowan.edu

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### 3-Year Primary Care Track

#### First Year:

<table>
<thead>
<tr>
<th>Intro to Basic Clinical Skills</th>
<th>M1 Curriculum</th>
<th>Patient-centered Medical Home (PCMH)</th>
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#### Second Year:

<table>
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<tr>
<th>Vacation</th>
<th>Transforming HC in an Urban Environment</th>
<th>M2 Curriculum</th>
<th>Patient-centered Medical Home (PCMH)</th>
<th>Prep for USMLE Step 1</th>
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#### Third Year:

<table>
<thead>
<tr>
<th>M3 Curriculum</th>
<th>Patient-centered Medical Home (PCMH)</th>
<th>Sub-I</th>
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**Program Curriculum**

- **First Year:**
  - Intro to Basic Clinical Skills
  - M1 Curriculum
    - Patient-centered Medical Home (PCMH)

- **Second Year:**
  - Vacation
  - Transforming HC in an Urban Environment
  - M2 Curriculum
    - Patient-centered Medical Home (PCMH)

- **Third Year:**
  - FM IM sub-I
  - FM Peds sub-I
  - Sub-I
History of Primary Care Pathway at Cooper/CMSRU

• **2011-**
  – $3.8 M Primary Care Residency Expansion grants from HRSA, under the ACA
    - Creation of specific primary care tracks for IM and Pediatrics
    - Unique curriculum:
      - More outpatient, less inpatient
      - Dedicated didactic series
      - Behavioral health
      - Integration with Urban Health Institute at Cooper University Health Care

• **2015-**
  – $1.7 M Primary Care Training Enhancement grant from HRSA
    - 3-year MD curriculum for students dedicated to primary care in either IM or Pediatrics

• **2017-**
  – CMSRU received supplementary funding from HRSA
    - To develop an opioid/addiction curriculum.
• Enhance the clinical training experiences in Primary Care and train the next generation of UME and GME leaders in high-value PC
• Develop a model program that is patient-centered, interdisciplinary and inter-professional, and which prepares PC trainees and faculty to best transform the health care system to improve patient access, quality of care, and cost effectiveness
• Recruit and retain students of diverse backgrounds into PC IM and pediatric residency programs, and diverse residents into faculty positions in general IM and general pediatrics
• Prepare PC faculty to be exceptional role models for and educators of students and residents
Phase I (Foundation and Integration): Years 1-2

At the end of years one and two, students will have developed the scientific background, knowledge, skills, and behaviors to immediately begin integrating that information into clinical practice.
Phase 2 (Exploration and Advancement): Year 3

Phase II the third and final year of the curriculum, during which PC3 students with advanced knowledge learn to apply the clinical, social, and ethical aspects of care.
Cooper Medical School of Rowan University Project Team

PC 3 Team

- Annette C. Reboli, MD,
- Camille Henry, MD,
- Amanda Sevrin, MD,
- Brian Gable, MD,
- Lawrence Weisberg, MD,
- William Graessle, MD,
- Jenny Melli, MD,

- Aubri M. Milano, DO
- Sean P. Krulish, DO
- Kennedy U. Ganti, MD,
- Harry Mazurek, MD,
- Susan Cavanaugh, MPH,
- Mary Pileggi, BSN,